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THE HEALTH OF THE SCHOOL CHILD IN DORSET



ANNUAL REPORT
of the
Principal School Medical Officer
for the year
1956

A. A. LISNEY, M.A., M.D., D.P.H.

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FOREWORD

The increase in the school population has resulted in considerable additional work devolving on the school medical officers and school dentists. The establishments of these officers have not been increased for many years and difficulty is now being experienced, not only in carrying out the normal routine functions of these services, but also in implementing the new schemes for vaccination against poliomyelitis and tuberculosis. The position is not rendered any easier by the lack of adequate clinic facilities in many parts of the county.

Poliomyelitis

The year 1956 marked the inception of a nation-wide scheme for vaccination against poliomyelitis. The response of parents in Dorset was excellent, and it is hoped that the vaccination of sixteen thousand children already on the register will be completed before the end of 1957. It is interesting to note that notified cases of poliomyelitis were the lowest for ten years.

Tuberculosis

Preventive measures against tuberculosis by means of B.C.G. vaccination of older children continued during the year, and the percentage of parents who request that this should be done is high.

Other Infectious Diseases

In my report for 1955, I referred to the fact that the number of cases of measles notified was the highest for many years. This epidemic persisted into 1956 and did not subside until well into the summer. The incidence of other infectious diseases remained low.

Ascertainment of the Deaf and Hard of Hearing

The early detection of deaf or partially deaf pupils is a most important function of the school health service. In the past the facilities for testing have been somewhat limited, but the services of a lip reading instructress now available are of great benefit. This officer has been equipped with audiometers and other necessary apparatus, and her opinion and advice are of great help to the school medical officers, speech therapists and teachers.

I am indebted to my deputy, Dr. A. F. Turner, and Mr. T. R. Townsend for the compilation of this report, and I would also like to take this opportunity of placing on record my appreciation of the excellent work undertaken during the year by both the professional and clerical staff of the department.

ARTHUR A. LISNEY,

Principal School Medical Officer.

March, 1957.

STAFF OF SCHOOL HEALTH SERVICE

Central Staff

*Principal School Medical Officer,
County Medical Officer of Health.*

LISNEY, A. A., M.A., M.D., D.P.H.

*Deputy Principal School Medical Officer,
Deputy County Medical Officer of Health.*

TURNER, A. F., M.B., Ch.B., D.P.H.

Administrative Assistant.

TOWNSEND, T. R.

*Senior School Medical Officer,
Senior Medical Officer.*

MACLEOD, M. C., M.D., D.P.H.

School Medical Officers,

Assistant County Medical Officers of Health.

ARMIT, A., M.B., Ch.B., D.P.H.

EVANS, L. S., M.R.C.S., L.R.C.P., D.P.H.

JACKSON, E., M.B., Ch.B., D.P.H. (Temporary)
(Commenced 20.10.56).

LAWRENCE, I. B., B.Sc., M.B., Ch.B., D.P.H.

MAYES, J. B. M., M.B., B.S., D.P.H. (Resigned 30.9.56).

O'KEEFFE, E. J., M.R.C.S., L.R.C.P., D.P.H.

PEARSON, N. F., M.R.C.S., L.R.C.P., D.P.H.

Principal School Dental Officer.

PRETTY, P. J., L.D.S.

School Dental Officers.

FLINT, M. F., L.D.S.

FOREMAN, W. R., L.D.S.

HODGES, W. V. A., L.D.S.

LINLEY, MRS. E., L.D.S. (Commenced 1.7.56).

MILES, A. I., L.D.S. (Part-time) (Commenced 21.11.56).

O'CONNOR, MISS M. P., L.D.S. (Resigned 30.9.56).

RYAN, D. J. C., L.D.S. (Part-time) (Commenced 17.12.56)

Consultant Children's Psychiatrist.

WHILES, W. H., M.R.C.S., L.R.C.P., D.P.M.

Educational Psychologist (Education Staff).

TAYLOR, R. J. M., M.A., B.Ed.

Psychiatric Social Worker.

FILLITER, MISS A. D.

Superintendent Health Visitor.

RANKLIN, MISS I. F., S.R.N., S.C.M., H.V.CERT.

Assistant Superintendent Health Visitors.

HEATHER, MISS G., S.R.N., S.C.M., H.V.CERT.

HUNT, MISS R., S.R.N., S.C.M., H.V.CERT.

School Nurses and Health Visitors.

ALLEN, MISS F. N., S.R.N., S.C.M., H.V.CERT.

ANDREWS, MISS E. M., S.R.N., S.C.M., H.V.CERT.
(Commenced 2.7.56).

BULLOCK, MRS. M. E., S.R.N., S.C.M., H.V.CERT.
(Died 25.3.56).

CRISP, MISS I. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

FOULDS, MISS M. J., S.R.N., S.C.M., H.V.CERT.

FULLER, MISS M. E., S.R.N., S.C.M., H.V.CERT.

HARWIN-RICKETTS, MRS. M. V., S.R.N., S.C.M.

JORGENSEN, MISS P. K., S.R.N., S.C.M., H.V.CERT.

MANSBRIDGE, MISS D. E. A., S.R.N., S.C.M., H.V.CERT.

MILES, MISS A. G., S.R.N., S.C.M., H.V.CERT.
(Commenced 6.8.56).

POTT, MISS J. F., S.R.N., S.C.M., H.V.CERT.

PUNSHON, MISS E., S.R.N., S.C.M., H.V.CERT.
(Commenced 1.8.56).

READ, MISS L. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

RICHARDSON, MISS I. F., S.R.N., S.C.M., H.V.CERT.

TROTMAN, MISS V., S.R.N., S.C.M., H.V.CERT.

TRUSCOTT, MISS M. S. R., S.R.N., S.C.M., H.V.CERT., D.S.A.

TUFF, MISS M. E., S.R.N., S.C.M., H.V.CERT.

WALKER, MISS M. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

WARVILL, MISS E. I., S.R.N., S.C.M., H.V.CERT.

WHEELER, MISS C. R., S.R.N., S.C.M., H.V.CERT.

WHITE, MISS W. M., S.R.N., S.C.M., H.V.CERT.

Speech Therapists.

O'DRISCOLL, MISS N. M., L.C.S.T.

DARBOURNE, MISS S. M., L.C.S.T.

County Public Health Engineer.

KING, F. M., F.S.E., F.I.S.E., F.R.S.H., M.S.I.A.

Assistant County Public Health Officer.

PARRY, A. H., M.R.S.H., M.S.I.A.

Oral Hygienist.

NORMAN, MRS. M. (Commenced 19.3.56).

Dental Attendants.

BANKS, MISS A. A. (Resigned 31.5.56).

BASCOMBE, MRS. L. D. (Resigned 14.7.56).

BLAGG, MISS M. (Commenced 9.7.56).

CLARKE, MISS S. M. S.

COOPER, MISS E. M. (Commenced 1.6.56).

HARDING, MISS M. P.

SCOVELL, MISS S. K. (Commenced 10.4.56).

STUDLEY, MISS Q.

Poole Excepted Area

*Area School Medical Officer,
Poole Area Medical Officer.*

HUTTON, J., M.D., D.P.H.

School Medical Officers,

Assistant County Medical Officers of Health.

CAIRNS, K. M., M.B., B.S., M.R.C.S., L.R.C.P.

PARKEN, D. S., M.B., B.S., D.C.H., D.P.H.

WILLIAMSON, H. C., M.B., B.Ch., D.P.H.

Area Dental Officer.

RIMMER, W. K., L.D.S.

School Dental Officers.

SULLIVAN, J. M., L.D.S. (Resigned 5.3.56).

THOMAS, C. E., L.D.S.

YATES, A. V., L.D.S. (Commenced 25.6.56).

Assistant Superintendent Health Visitor.

KINGSBURY, MISS M. M., S.R.N., S.C.M., H.V.CERT.

School Nurses and Health Visitors.

BROOKS, MISS H. E., S.R.N., S.C.M., H.V.CERT.

COWLEY, MISS C., S.R.N., S.C.M., H.V.CERT.

HALL, MRS. V. M., S.R.N., S.C.M., H.V.CERT.

KOSTER, MISS I. F., S.R.N., S.C.M., H.V.CERT.

KUSEL, MISS V. M., S.R.N., S.C.M., H.V.CERT.

LEVER, MISS L. B., S.R.N., S.C.M., S.R.F.N.

(Retired 30.8.56).

LIMMER, MISS M. C., S.R.N., S.C.M., H.V.CERT.
(Commenced 1.9.56).

NARBETT, MRS. V., S.R.N., S.C.M., H.V.CERT.

PHILLIPS, MISS M. A., S.R.N., S.C.M., H.V.CERT.

PITTOCK, MISS I., S.R.N., S.C.M., H.V.CERT.

(Commenced 1.6.56).

STAPLEY, MRS. M., S.R.N., S.C.M., H.V.CERT.

Dental Attendants.

ALLEN, MISS J. E.

FORREST, MISS G. J.

MATTISON, MRS. E. T.

South Dorset Divisional Executive

South Dorset Area Medical Officer.

WALLACE, E. J. G., M.B., Ch.B., D.P.H.

School Medical Officers.

Assistant County Medical Officers of Health.

BARR, M. M. E., M.B., Ch.B. (Temporary)

(Resigned 29.2.56).

WARD, C. A. G., M.B., B.S.

School Dental Officers.

FARWELL, E., L.D.S. (Commenced 2.1.56).

MASON, Mrs. M. D., B.D.S. (Part-time).

Health Visitors.

ALLGOOD, Miss D. B., S.R.N., S.C.M., H.V.CERT.

BROCK, Miss L. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

HUGHES, Mrs. G. M., S.R.N., S.C.M., H.V.CERT.

RICHARDSON, Miss G. F., S.R.N., S.C.M., H.V.CERT.

STEMBRIDGE, Miss I., S.R.N., S.C.M., H.V.CERT.

SUNDERLAND, Miss D., S.R.N., S.C.M., R.S.C.N., H.V.CERT.
D.S.A.

Dental Attendants.

BRIGGS, Mrs. M. J.

WOOD, Miss A. B.

POPULATION

The population of Dorset as estimated by the Registrar General at June, 1956, was 304,100.

Schools and Scholars

At the end of 1956 there were 258 maintained schools in the county, the types of schools being as follows:—

<i>Type</i>			<i>South Dorset Area</i>	<i>Poole</i>	<i>County Area</i>	<i>Total</i>
Primary	..	..	26	24	172	222
Secondary Modern	..	..	4	5	9	18
Grammar	..	..	2	2	13	17
Art (Poole School of Art)	..	..	—	1	—	1
Totals			32	32	194	258

The average numbers of children on the school registers at the end of July, 1956, were as follows:—

<i>Area</i>			<i>Primary</i>	<i>Secondary Modern</i>	<i>Secondary Grammar</i>	<i>Total</i>
County Districts	..	..	15,697	3,208	3,460	22,365
Poole Excepted Area	..	..	7,661	2,816	1,307	11,784
South Dorset Divisional Executive			4,794	1,639	875	7,309
Totals			28,152	7,663	5,643	41,458

The total of 41,458 pupils may be compared with the figure of 40,587 in 1955, 36,163 in 1952 and 33,769 in 1949.

CO-ORDINATION

The school population in the county still continues to rise, and upwards of a thousand additional children have been added to the school rolls since the last report was published. This problem of the increased school population as it affects the school health service was briefly discussed in my report for 1955, attention being drawn to the reduction in some of the preventable illnesses and infections which had enabled the same staff to carry on the service.

The point has now been reached when the time taken for routine and special examinations occupies all the available time of the school medical officers and, unless an increase of staff is made, some new approach to the routine examinations themselves must be made. The School Health Service and Handicapped Pupils Regulations, 1953, prescribed a minimum of three periodic examinations during a child's school life, but recently, with the approval of the Minister, a local education authority can arrange alternative schemes with fewer routine examinations.

It would be necessary for obvious reasons to retain the entrants and leavers examinations, but the intermediate examinations could be replaced by a 'group' inspection where the headmaster or the class master could bring forward or discuss any particular pupil with the school doctor and nurse. At the same time group testing of eyes, hearing, cleanliness, etc., could take place and immunisation against diphtheria, tetanus, etc., be brought up to date. Such a scheme would enable many more children to be seen at each session; it would also increase the efficiency of the service and reduce the amount of time spent in schools.

MEDICAL INSPECTION

There have been no changes in medical inspection during the year. Children are still examined at three periodic inspections during their school life as follows:—

- (a) As school entrants at the age of 5 years;
- (b) During the child's last year at the primary school at the age of ten to eleven years;
- (c) As school leavers. In practice the examination takes place at fourteen to fifteen years as it is not always known which pupils will be remaining at school after the statutory school leaving age. Consideration to making alternative arrangements for the intermediate examination is discussed above.

FINDINGS AT MEDICAL INSPECTION

Uncleanliness

The situation is again very satisfactory. Only four cases of ringworm were treated; no cases of scabies and thirty-six cases of impetigo. The total number of individual children found infested with vermin dropped to 210 and although some of these children were found to be infested twice during the year, the numbers were lower than have previously been recorded for all these conditions.

Nutrition

There are now only two recognised groups into which children are divided—the large normal group and the numerically very small group of substandard children. This satisfactory state of affairs has slowly emerged over a period of the last thirty-five years and is due to better home care and the rising standard of living, helped by the school meals and milk in schools schemes.

Nose and Throat Conditions

There was a considerable drop in the numbers of children requiring observation and treatment for nose and throat conditions. Three hundred and fourteen were found requiring treatment and 500 were kept under observation. The corresponding figures for last year were 339 and 638 respectively. The number of operations for tonsils and adenoids remained at a high level, 920 children having received operative treatment compared with 1,045 for the previous year. It would now appear that many more cases are referred to the ear, nose and throat clinic by general practitioners before the children reach school age.

Respiratory Diseases

Many forms of respiratory diseases are essentially preventable in character and it is interesting to find that there are still eighty-three cases requiring active treatment and 120 requiring observation. These cases have not decreased over the last six years. The widespread use of whooping cough prophylactics might now be expected to have shown some decrease on the total figures, but this is not yet apparent.

Defects of Vision

Two thousand six hundred and ten disorders were dealt with for error of refraction, and glasses were prescribed in 1,450 cases. One hundred and thirty-seven cases of external eye disease were also dealt with. The slight increase in total numbers is due to the increase in the school population.

Ear Disease and Hearing

The appointment of a teacher for the deaf, mentioned in last year's report, has been most helpful. She has now been provided with an audiometer so as to be able to determine the degree of deafness of any particular child, and a speech training hearing aid. The latter enables the teacher to speak to children with very little hearing—so little that previously only a visual approach to teaching was possible. This new service is filling a long felt want, and will enable some children to be kept at home who would otherwise have been admitted to residential schools.

Dental Defects

The observations made last year are still pertinent. The marked improvement seen after the last war is not being maintained, and following the inspection of over 19,000 pupils 14,500 needed treatment and 10,000 teeth were extracted. If nearly 75 per cent of school children need dental attention, a new approach to preventive dentistry is required. The Principal School Dental Officer refers to this subject on a later page.

INFECTIOUS DISEASE

The incidence of poliomyelitis was the lowest since 1946, seven paralytic and four non-paralytic cases being notified in the county during the year, only five of which were school children.

During the year the Ministry of Health initiated a scheme for the vaccination of children between the ages of two to nine years against poliomyelitis, and local authorities were asked to publicise the scheme and obtain parental consent for children to be immunised. In some parts of the country a very low response, about 5 per cent, was obtained, but the parents in this county showed great interest and many meetings both public, and those convened by various organisations and societies, took place. Invariably a well informed and lively discussion ensued and an overall 50 per cent acceptance rate was obtained for the selected group. This has ensured that large amounts of vaccine will be allocated to this county early in 1957 and the children on the register will, therefore, have the advantage of early vaccination. Already over 1,500 vaccinations have been completed, and if sufficient supplies are available a large proportion of the susceptible population may be immunised before the next poliomyelitis season.

POLIOMYELITIS VACCINATION

Number of Children who completed a course of Poliomyelitis Vaccination during 1956

Area	Year of Birth																Totals B. G.	
	1947		1948		1949		1950		1951		1952		1953		1954			
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.		
County ..	67	56	44	41	60	43	42	42	77	66	62	63	66	59	52	47	470	417
Poole ..	47	43	21	31	19	33	12	10	20	20	11	15	8	10	7	5	145	167
South Dorset ..	47	32	19	21	15	16	31	16	16	12	12	14	17	9	13	14	170	134
Totals ..	161	131	84	93	94	92	85	68	113	98	85	92	91	78	72	66	785	718
1,503																		

Number of Children who received one injection only

Area	Year of Birth																Totals B. G.	
	1947		1948		1949		1950		1951		1952		1953		1954			
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.		
County ..	—	3	2	—	—	—	2	2	4	—	3	2	—	4	1	2	12	13
Poole ..	—	—	—	—	—	1	—	1	—	—	—	1	—	—	—	—	—	3
South Dorset ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ..	—	3	2	—	—	1	2	3	4	—	3	3	—	4	1	2	12	16
B=Boys G=Girls																		28

B=Boys

G=Girls

DIPHTHERIA IMMUNISATION

Number of children at 31.12.56 who had completed a course of diphtheria immunisation at any time before that date.

Area	Children under 5.						Children 5—14		
	Under 1	1—	2—	3—	4—	Total	5—9	10—14	Total
County	281	1,321	1,558	1,700	1,537	6,397	11,423	8,897	20,320
Poole	140	602	786	834	834	3,196	6,437	5,170	11,607
Weymouth and Portland ..	91	498	464	512	512	2,078	4,025	3,833	7,858
Totals ..	512	2,422	2,808	3,046	2,883	11,671	21,885	17,900	39,785

Although the percentage of children under five immunised is low, that of the children of school age is relatively very much higher. One explanation of this could be that parents of school children do not have to bother to take these children to a clinic or surgery, they are immunised at school at the same time as they are being medically inspected. Any laxity is dangerous as diphtheria can be a fatal disease and it is only by keeping up a high total percentage of immunisations in the child population as a whole that outbreaks of diphtheria can be avoided.

B.C.G. VACCINATION

The B.C.G. vaccination scheme has continued unaltered during the year. As will be seen in the tables below the vaccination of all children born in 1941 and 1942, and nearly two-thirds of the 1943 group, has been completed. The procedure for testing by one intradermal injection of 1/1000 P.P.D. has remained unaltered, but consideration is being given to a change to the 'Heaf gun' apparatus. This is probably a more scientific method of testing; is quicker and does not upset nervous children who dislike seeing a needle and syringe used.

ROUTINE B.C.G. VACCINATION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

1941 Age Group (concluded)

Area	Number in age group	Number of acceptances	Number tested	Number of positive reactors	Number vaccinated
Poole ..	110	78	78	18	60

1942 Age Group (concluded)

Area	Number in age group	Number of acceptances	Number tested	Number of positive reactors	Number vaccinated	C/F to 1943 age group		1941 Retests				
						Number for retest	Absentees	Number for retest	Number tested	Number absent for reading	Number positive	Number vaccinated
Poole ..	1,065	721	718	112	605	1	3	20	10	1	1	8
County ..	1,076	668	637	149	478	10	31	23	12	—	5	7
Totals ..	2,141	1,389	1,355	261	1,083	11	34	43	22	1	6	15

1943 Age Group (Part)

Area	Number in age group	Number of acceptances	Number tested	Number of positive reactors	Number vaccinated	C/F to 1944 age group		1942 Retests				
						Number for retest	Absentees	Number for retest	Number tested	Number absent for reading	Number positive	Number vaccinated
Poole ..	1,032	770	767	111	655	1	3	—	—	—	—	—
County (Part)	1,620	1,081	1,044	238	786	20	37	65	57	3	11	43
Totals ..	2,652	1,851	1,811	349	1,441	21	40	65	57	3	11	43

FOLLOWING-UP

The following-up of defects found at school medical inspections continues. Few parents ignore the advice given that their child is in need of treatment but, where they do, and the defect if allowed to continue untreated would have a detrimental effect upon the health of the child, then the Inspector of the National Society for the Prevention of Cruelty to Children is called in to visit the family. The tactful approach of the inspectors is most helpful in these cases and the results of their efforts are frequently effective.

MEDICAL TREATMENT

Before referring a child to a hospital for investigation and possible treatment, a notification is passed to the family doctor and he is given the option of taking the necessary action himself. In order to expedite treatment, he is informed at the same time that if he does not reply to the communication within seven days it will be automatically understood that he wishes the school health service to make all necessary arrangements. The family doctor is, of course, kept in touch with all developments.

Statistics from hospitals regarding discharges of school children are submitted on a weekly return, and these most important details are now regularly received.

MINOR AILMENTS

Minor ailments requiring clinic treatment continue to decline. This is reflected in the continued fall in the number of children found to have scabies, impetigo, ringworm and verminous conditions, so much so that it is now virtually unnecessary to hold minor ailment clinics in the county area. Only in the larger urban areas such as Poole and South Dorset has it been found necessary to retain the minor ailments clinics, and even here the figures of attendances show remarkable decreases compared with those of 1948, as shown in the following table:—

<i>Year</i>	<i>Poole</i>	<i>South Dorset</i>	<i>Totals</i>
1948	13,378	6,505	19,883
1956	556	818	1,374

Clinics—Location of School Clinics and Type and Number of Sessions per week

The Clinic, Hoghill Street, Beaminster	1	Speech	Hamworthy Clinic, Legion Road, Hamworthy	2 3	Minor Ailments Dental
Castleman House, Salisbury Street, Blandford	11	Dental*	Kemp Welch School, Herbert Avenue, Parkstone	1	Minor Ailments
Church Hall, Salisbury Street, Blandford	1	Speech	Henry Harbin School, Wimborne Road, Poole	2	Minor Ailments (per month)
Primary School, Bovington	1	Speech (per fortnight)	Broadstone Women's Institute, Broadstone	2	Minor Ailments (per month)
County Clinic, Downe Street, Bridport	11 1	Dental* Speech	Sylvan School, Livingstone Road, Parkstone	1	Minor Ailments
County Clinic, Glyde Path Road, Dorchester	9 1 2 1 1½ 1	Dental Orthopaedic (remedial) Speech Asthma Child Guidance Lip Reading	Trinidad School, Herbert Avenue, Parkstone	1	Minor Ailments
Woodmead Hall, Lyne Regis	2	Orthopaedic (remedial)	South Road School, Poole	2	Lip Reading
The Clinic, 67, Market Street, Poole	1 1	Minor Ailments Dental	Herbert Carter School, Blandford Road, Hamworthy	1	Speech
Branksome Clinic, Shillito Road, Parkstone	1 20	Minor Ailments Dental	Easton Methodist Schoolroom, Easton, Portland	1	Speech
3, Bristowes Chambers, High Street, Poole	6	Dental	Tophill Junior School, Easton, Portland	2	Minor Ailments
Burlea Towers, 55, Parkstone Road, Poole	4 2 1 2½	Speech Cleansing Asthma Child Guidance	The Clinic, Secondary Modern School, Shaftesbury	11 1	Dental* Speech
			County Clinic, Horsecastles, Sherborne	11 2 1	Dental* Orthopaedic (remedial) Speech

* Denotes number of sessions when school dental officers are working at these clinics

Oldfeld House, The Grammar School, Swanage	1	Speech	Health Centre, Westham Road, Weymouth	6	Minor Ailments
Wesleyan Memorial Hall, Swanage	1	Asthma (monthly)		17	Dental
Secondary Modern School, Wareham	1	Speech		3	Speech
Secondary Modern School, Broadwey, Weymouth	2	Minor Ailments	Wyke Regis Infants' School, Weymouth	1	Child Guidance
Education Office, St. Thomas Street, Weymouth	1	Lip Reading			
			Civic Centre, Wimborne	1	Minor Ailments
				1	Speech
			Day Special School, Wimborne	1	Speech

Vision

The vision of school children is tested at each routine medical inspection, and a special sight examination is carried out on every child at the age of eight years. When defects are discovered, the parents are informed and given the option of having their child seen by a consultant ophthalmologist at a school ophthalmic clinic, or of making their own arrangements. Most parents request that their children be examined at the school ophthalmic clinic.

Colour vision is tested at the intermediate examination.

Ophthalmic Treatment

An excellent school ophthalmic service is provided by the two hospital management committees, and a short report is submitted to me on every child seen.

Provision of Spectacles

During 1956 spectacles were prescribed through the school ophthalmic service for 1,450 children. There is no delay in the provision of spectacles for school children and the arrangements for repair and replacement are excellent.

External and other Eye Diseases

The number of cases of external and other eye diseases treated during the year was 168 compared with 269 in 1955. Of these 137 were treated at minor ailment clinics and thirty-one at hospitals.

Orthopaedic Treatment

Treatment of minor orthopaedic defects is arranged either by the Remedial Exercises Organiser at the remedial classes in schools, or at sessions held at the county clinics under Miss Sebestyen herself. More serious cases are referred to orthopaedic specialists at the hospitals.

DENTAL INSPECTION

The Principal School Dental Officer reports on the work of the dental officers in the county as follows:—

‘There has been a small increase in the number of dental officers on the staff during the year, which was due to the recent appointment of two part-time officers. The establishment remains at twelve and the number actually employed at the end of the year was twelve, nine of whom are full time, representing approximately ten and one-half in terms of full-time officers. Owing to delays between resignations and new appointments being made, the average during the year was nine. The vacancy for an oral hygienist was filled in March.

‘It appears that Dorset is well provided in regard to staff as many authorities are very much below their establishment. The majority of appointments are made as the result of direct enquiries from applicants. Replies to advertisements have been very disappointing, and in some instances none has been received.

‘Dental health education is being continued mainly by the oral hygienist who has visited clinics and schools, giving talks to parents and children and showing a film on oral hygiene and care of the teeth. This is a very valuable part of the dental service which is to be continued in conjunction with clinic work.

‘There has been a decline in the acceptance rate for treatment during the past three or four years. On investigation, it has been ascertained that this has also taken place in other authorities, the reason apparently being twofold, firstly, that practitioners in the general dental service are now able to accept more children as patients and, secondly, that an increasing number of parents prefer their children to have more frequent routine treatment than can be offered by the school dental service.

‘The result has had a beneficial effect as it now enables the dental officers to complete their areas in less time, thus decreasing the interval between visits to individual schools. This is a general view and varies somewhat in different areas, but it has reduced this interval in the Dorchester area, for example, to one year.

‘Following the visit of a Commission to the United States of America to investigate the effects of the fluoridation of public water supplies on dental decay, it has now been decided to proceed with fluoridation in the United Kingdom. It has already been commended in four areas, that is, Andover, Anglesey, Kilmarnock and Watford. Investigations carried out in America appears to be very satisfactory, and while it does not prevent dental decay in those who are brought up in an area which has a fluoride content in the water supply, it delays its onset for several years.

‘Analyses of water have been carried out in this county and only one supply has a fluoride content. It is proposed to carry out a survey shortly on the condition of the teeth of children who have been born in this area.

‘Orthodontic treatment is still carried out to a limited extent in the existing clinics. A specialist’s services for the more complex cases are only available in the eastern part of the county at Boscombe Hospital, where an orthodontist is employed by the Bournemouth and East Dorset Hospital Management Committee. The demand for this type of treatment is high, and a more comprehensive service covering the whole county would be beneficial.

‘There has, unfortunately, been no further progress made with the building of clinics, but the four mobile clinics continue to be used to their full capacity, both in rural and urban areas. While these are quite satisfactory, and are to be preferred to the use of school rooms and hired accommodation, such as village halls, they are less convenient than permanent buildings in the more densely populated areas.’

REMEDIAL EXERCISES

The following report has been prepared by the remedial exercises organiser:—

‘Remedial work in the schools continues, with many teachers becoming experienced in the teaching of these exercises. It is necessary to train new staff to take over the work when teachers leave to take up other posts, and continued supervision is required to ensure that the children improve and benefit from the exercises. The home exercise pamphlets have been much used, and parents have shown interest and are generally very willing to play their part; at parent-teacher meetings they are always anxious to ask questions and to obtain advice.

‘The film “Children’s Feet”, has now been shown on numerous occasions to such gatherings, and it is to be hoped that the new film “Focus on Posture” will prove as useful.

‘There were 105 classes in Dorset schools in 1956.

‘Three remedial courses were held during the year—at Blandford, Wimborne and Sturminster Newton. These complete a series of basic training courses held throughout the county.

‘Asthma clinics have continued at Dorchester, Swanage and Poole.’

SPEECH THERAPY

The Speech Therapy Service in Dorset has now been in operation for ten years. Since January, 1947, sessions have been held regularly in Poole, Weymouth, Dorchester and Sherborne. As the preliminary survey was completed, sessions were established in Bridport, Shaftesbury, Blandford and Wareham.

It was apparent from the first that one speech therapist could not serve the county adequately, so in 1950 a second was appointed. It was thus possible to improve the service to the county as a whole and also to allot five sessions to the Borough of Poole which, because of its large and growing population, was given one-quarter of the time available for the whole service.

After ten years’ work it is possible to look back and make some observations.

The first fact that appears is that the percentage of children in need of Speech Therapy has neither fallen nor risen. It maintains itself at the national average of 2 per cent, for as children recover, their places are taken by fresh school admissions.

Secondly, there is good reason to believe that there is a fall in the incidence of stammer. This has been suspected for some time, but there is now confirmation from the Poole area as the result of a special survey.

No clear reason for this decline has so far been found, but there would appear to be a relationship between the dyslalic type of speech defect and stammering. Dyslalic children are those who have failed to develop clear speech at the usual age. In the past, many of these children suffered much strain and anxiety because their teachers could not understand their speech. They became backward in reading, writing and spelling and, in some cases, when their speech at last grew intelligible, they were found to be stammering. It has been the policy of the speech therapists to see, as far as possible, that no child arrives at school speaking unintelligibly, and to obtain the co-operation of the teachers in dealing with these children, so that their difficult path is made as smooth as possible. It may be that the fruit of this policy is the fall in the number of stammerers. Stammer is a most troublesome condition in that it frequently gets worse as the child grows older. A serious stammer is not only a handicap during school life, but later restricts the patient very much in his choice of a career. A decrease in incidence is, therefore, a very welcome event.

OPEN-AIR EDUCATION

There are no open-air schools in this county. The very small number of delicate children who require residential facilities would certainly not justify the provision of such a school in Dorset, it being much more economical for them to go to schools in other areas.

CO-OPERATION OF PARENTS

The co-operation of parents in all aspects of the school health service continues to be excellent, more and more parents taking an interest in and appreciating all that is done to safeguard the health of their children during school life. A large proportion of the parents of the younger school children attend when their children are being medically examined at school, and give valuable information to the examining medical officer regarding previous medical history. It is very unusual for a parent to refuse to allow her child to be examined at a school medical inspection, but when this does happen a friendly letter usually results in the child attending when the next inspection is arranged.

The national survey of the health and development of a group of children born in one week of March, 1946, is still proceeding, and thanks are due to the parents of these children for their continuing co-operation in giving the varied information required from time to time.

CO-OPERATION OF TEACHERS

The smooth and efficient working of the school health service depends very much on the willing and interested co-operation of the teachers and my thanks are due to them, not only for their assistance with medical inspections and other routine visits, but also for their valuable help in arranging for the increasing numbers of vaccination and immunisation programmes carried out at the schools.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS

Close co-operation is maintained with the school attendance officers through the county education department. Since the introduction of the National Health Service Act, school attendance officers have found their work complicated by the fact that medical practitioners need not give certificates of unfitness to attend school unless the parents are in danger of prosecution. In difficult cases the assistance of my department is sought, and difficulties are cleared up by consultation with the medical practitioners concerned.

CO-OPERATION WITH GENERAL PRACTITIONERS

General practitioners are informed of defects found at school medical inspections. Where reference to a specialist is required, the general practitioner is informed that, if he so wishes, arrangements for this will be made by my department, and in very many cases this is what he prefers. Increasing use is made by the family doctor of the child guidance, speech therapy, and other specialised services of the school health service.

CO-OPERATION WITH VOLUNTARY BODIES

Co-operation with the various voluntary bodies concerned in the care of children continues satisfactorily. The services of the inspector of the National Society for the Prevention of Cruelty to Children are especially helpful in those cases, fortunately very few in number, where lack of adequate home care results in the child being sent to school in a neglected condition.

PROVISION OF MILK AND MEALS

Provision of Milk

At the 31st December, 1956, the position regarding the supply of milk to county, voluntary controlled and aided schools was as follows:—

Number of schools receiving pasteurised milk	..	..	239
Number of schools receiving raw tuberculin tested milk	..	..	17
			<u>256</u>

In addition to the maintained schools (and with effect from September, 1956) sixty-one non-maintained schools in the county participate in the milk in schools scheme. Of this number, fifty-seven are receiving supplies of bottled pasteurised milk and the remaining four schools are being supplied with tuberculin tested milk.

The overall position is generally satisfactory, 296 (93.4 per cent) of the schools being supplied with pasteurised milk, the remaining 21 schools (6.6 per cent) having raw tuberculin tested milk. Due to their remote position, eight schools obtain bulk supplies from local tuberculin tested milk producers.

The following Table gives particulars of the samples taken by sampling officers of the County Health Department for laboratory examination during 1956:—

<i>Pasteurised</i>				<i>Tuberculin Tested</i>		<i>Total number of samples</i>	<i>Number of schools sampled</i>
<i>Methylene blue test</i>		<i>Phosphates test</i>		<i>Methylene blue test</i>			
Pass	Fail	Pass	Fail	Pass	Fail		
*1,582	31	2,109	5	137	46	2,297	286†

* Sampling of milk at 31 schools in the Borough of Poole was carried out by the borough public health inspectors.

† 501 samples were not submitted to the methylene blue test due to the atmospheric shade temperature exceeding 65° F.

It will be seen from the table that eighty-two samples out of a total of 2,297 failed the tests and of the thirty-six unsatisfactory samples of pasteurised milk only five failed on account of inadequate or improper pasteurisation, the remainder failing the test for keeping quality.

Twenty-three specimens of school milk were submitted for biological examination for tubercle and all proved negative. One hundred and ninety-one rinses of cleaned one-third pint school milk bottles were submitted for laboratory examination and the reports indicated that 87 per cent of the bottles tested were of a satisfactory standard of cleanliness.

Provision of Meals

I am grateful to the county education officer for supplying the following information relating to the provision of meals to schools in the county:—

Number of schools in the county receiving meals at 1st January, 1956	..	..	263
Number of schools in the county not receiving meals at 1st January, 1956	..	..	2
Number of schools in the county receiving meals at 31st December, 1956	..	..	255
Number of schools in the county not receiving meals at 31st December, 1956	..	..	2
Number of new kitchens opened 1956	..	..	2
Number of new dining-rooms (not classrooms) opened in 1956	..	..	2
Number of schools provided with washing-up facilities in 1956	..	..	3
Daily average number of meals served in 1956	..	..	22,222
Percentage of school population taking meals	..	..	53.27

Food Hygiene Regulations, 1955-56

A preliminary review of the seventy-two kitchens in the county and South Dorset areas revealed that facilities at sixty-one establishments complied with the requirements of the Food Hygiene Regulations, 1955-56. At the eleven establishments where improvements were needed, eight have received attention and works in hand at the remaining three kitchens should be completed in the near future.

Food Poisoning

During the year two outbreaks of suspected food poisoning occurred at schools in the north of the county, involving 184 children and teaching staff. A detailed investigation was carried out, including the submission of many specimens for bacteriological examination, but the causative organism was not identified.

SCHOOL SWIMMING

At the end of the year there were three schools in the county with learners' swimming pools. Work was in hand on the construction of similar pools at a further three schools, and it is expected that they will be ready for use in 1957. Organised swimming instruction is also given at one school and at three public swimming baths.

With the exception of the public baths, the water in all cases is chlorinated by hand dosage under strict supervision. During the year, forty-two samples of swimming bath water were submitted for bacteriological examination, of which number thirty-six proved to be satisfactory, and forty-one tests for residual free chlorine were carried out, of which thirty-nine were satisfactory.

Swimming instruction is very popular with the pupils, and among learners there is usually keen competition to be the first to swim. Apart from being an excellent and enjoyable form of exercise, the ability to swim is a most valuable asset. There is no doubt that the introduction of learners' pools has stimulated a lively interest in swimming and will give many children the opportunity in taking part in this healthy recreation.

HEALTH EDUCATION

The periodic instruction of children in health education during their school years must play a most important part in their attitude towards this in later years. Even the most elementary principles of hygiene, when instilled in a child over a number of years and especially when absorbed in the discipline of school life, cannot but be helpful to himself and the community both now and when school days have been left behind.

During the past year twenty-one lectures have been given to children and to parent/teacher associations.

PHYSICAL EDUCATION

The county physical education officer reports as follows:—

'Two conferences on "Physical Education in the Infant School" were held in Dorchester and Poole. These were well attended by the Infant School Head Teachers from the county, Poole and Weymouth areas.

'Training courses in folk dancing for teachers have been held at Bridport, Dorchester and Poole. All courses have been well supported by men and women teachers, and the number of young teachers was noticeable and encouraging. The official coach for the All England Women's Hockey Association visited four venues in the county for coaching sessions with the teachers responsible for hockey in the schools. A senior Football Association coach has also visited schools to give tuition in football technique.

'The larger climbing apparatus and sheds for the storage of equipment continues to be provided in primary schools.

'The development and maintenance of playing fields continue to make progress.

'Swimming, discontinued since 1951, has been reintroduced in the schools. Good use has been made of the open swimming pools at Blandford, Poole and Shaftesbury. The use of the public school baths at Sherborne was much appreciated. Sea swimming has been held at Charmouth, Lyme Regis and Swanage. The learners' pools at Dorchester and Wareham County Modern Schools have proved a valuable asset in providing opportunities for the pupils to learn swimming.

'The many schools' sports associations have continued their valuable work with inter-school competitions and representative activities. There has been marked development in this sphere, and a debt is owed to the innumerable teachers who gave their time and service.'

County School Camps

Despite the vagaries of the weather during the summer, a successful season was enjoyed at both camps. At Carey the Warden and campers withstood the July gales and storm. At Blashenwell the camp was struck and evacuated, but for only one night. A total of 2,169 attended the camps.

HANDICAPPED CHILDREN

The following table gives the number of children graded as handicapped in each category. The table shows that the special school provision has improved throughout the country, and apart from a fairly large waiting list for educationally subnormal pupils, there is no great difficulty in obtaining placements.

These figures only give the numbers of examinations where a definite grading was made, and a large number of children were also examined who were not graded educationally. Some of these were found to be normal, or to have some disability which required medical treatment only and not special education.

Handicapped Pupils, 1956

		(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)		
		Blind	Partially Sighted	Deaf	Partially Deaf	Educationally Subnormal	Epileptic	Maladjusted	Physically Handicapped	Speech Defect	Delicate	Multiple Defects	Totals
Number of pupils ascertained as Handicapped Pupils for the first time during 1956		2	3	2	6	83	1	9	16	—	12	7	141
Number of handicapped pupils re-examined during 1956 and retaining the same grading		—	1	2	1	66	—	3	3	—	10	11	97
Number of handicapped pupils re-examined during 1956 and regraded in these categories		—	—	—	1	1	—	1	—	—	—	2	5
Number of pupils assessed during 1956, as requiring special education in Special Schools or Boarding Homes		1	3	3	1	58	—	10	7	—	12		95
Number of pupils admitted to Special Schools during 1956		—	2	1	4	41	—	10	5	—	10		73
Pupils attending Residential Special Schools and Hostels	B	5	4	8	6	52	3	17	9	—	5		109
	G	1	2	7	3	19	1	8	10	—	5		56
Pupils attending Day Special Schools or Classes	B	—	—	—	—	57	—	—	—	—	—		57
	G	—	—	—	—	22	—	—	—	—	—		22
Children receiving education at home (Section 56 cases)	B	—	—	—	—	—	—	—	7	—	2		9
	G	—	—	—	—	2	—	—	7	—	1		10
Pupils recommended to receive special educational treatment in the ordinary school	B	—	3	—	5	162	2	9	16	—	20		217
	G	—	1	—	2	105	1	7	14	—	12		142
Total number of handicapped pupils in Residential Special Schools, Day Special Schools, Special Classes, Hostels and ordinary Schools	B	5	7	8	11	271	5	26	32	—	27		392
	G	1	3	7	5	148	2	15	31	—	18		230
		6	10	15	16	419	7	41	63	—	45		622
Number of pupils requiring places in: (i) Residential Schools	B	1	1	3	—	23	—	4	4	—	3		39
	G	—	1	—	1	4	—	—	3	—	—		9
(ii) Day Special Schools	B	—	—	—	—	16	—	—	—	—	—		16
	G	—	—	—	—	17	—	—	—	—	—		17
(iii) Special Classes	B	—	—	—	—	4	—	—	—	—	—		4
	G	—	—	—	—	2	—	—	—	—	—		2
Pupils not attending any school on the recommendation of the Principal School Medical Officer	B	—	—	—	—	7	—	—	8	—	3		18
	G	—	—	—	—	4	1	—	4	—	1		10
Pupils whose parents refuse to give consent for admission to Special Schools or Classes	B	—	—	—	—	18	—	—	2	—	1		21
	G	—	—	—	—	13	—	—	1	—	—		14

Number of children reported to the Local Health Authority during 1956:—

(i) Under Section 57 (3) of the Education Act, 1944	..	..	12
(ii) Under Section 57 (4) of the Education Act, 1944	..	..	—
(iii) Under Section 57 (5) of the Education Act, 1944	..	..	12

Number of non-county area children attending the following:—

	<i>Clyffe House Special School</i>	<i>Penwithen Hostel</i>	<i>Wimborne Day Special School</i>
Other Education Authorities	4	5	—
Poole Borough	5	4	39

Educationally Sub-normal Children

The opening of special classes for educationally sub-normal children in selected areas throughout the county, as existing accommodation becomes available, will be a great help and should eventually reduce the number of out-county residential placements.

Maladjusted Children

Ten children were officially graded as requiring placement in special schools or hostels compared with eleven during the previous year.

Physically Handicapped and Delicate Children

Sixteen new cases of physically handicapped children and twelve delicate children were officially graded during the year, and there are now nineteen physically handicapped children in residential schools. This latter category is fortunately becoming smaller, and it is hoped that vaccination will result in fewer poliomyelitis cases being added to it.

Deaf and Partially Deaf Children

Two new cases of deafness and seven of partial deafness were ascertained during the year. As mentioned in my report for 1955, the 'hard core' of this problem has now been reached.

Epileptics

One child was ascertained as in need of special educational treatment on account of epilepsy, and there are four children in special schools at the present time. The majority of epileptics now live at home and attend ordinary school as the condition can be well controlled by drug treatment. The consultant paediatricians are most helpful in advising about individual cases.

Mental Defectives

Twelve cases were formally notified as ineducable under Section 57 (3) of the Education Act, 1944, and twelve cases were notified as needing supervision after leaving school.

CHILD GUIDANCE

The following is the report of the consultant children's psychiatrist:—

'During 1956 we have seen a bigger number of new children than ever before. This totals 228 which is fifty-one more than last year which was our previous highest number. Throughout the year 549 children have been seen which is sixty-two more than in the previous year. I reported last year on the shortage of clinical staff and particularly difficulties produced by having only one psychiatric social worker to cover the whole county. This year all members of the clinic team have seen more children than ever before and every aspect of the work is severely overloaded. The volume of work has been mounting for the last few years and it is now unfortunately being reflected in the quality of the work we are able to do. A greater proportion of the psychiatrist's time is being taken up with diagnostic work and this leaves less time for psychotherapy. Almost the whole of the psychiatric social worker's time is taken up with diagnostic background histories and working with mothers whose children are having psychotherapy. This means that it has been impossible to help families where less intensive treatment is necessary. If we had more psychiatric social worker time, it would be possible to give superficial treatment help to a wider range of families presenting the simpler problems and so prevent deterioration. In this way much better use could be made of the consultant psychiatrist's time than is at present possible.

'In order to economise on travelling time, the child guidance work has been concentrated all the year at three centres: Poole, Dorchester and Weymouth. The service for children in the North and West of the county has therefore been limited to those who can travel into these centres. During most of the year another psychiatrist has been able to see a few children at Sherborne but we have not been able to provide any psychiatric social worker help so that has limited very severely what he has been able to do. Unfortunately, he has now left the area.

'Burlea Towers Child Guidance Clinic at Poole, which was newly opened in September, 1955, has been a great asset. It has made it possible to do much better treatment and to work to a more elastic time table. The Educational Psychologist has been able to build up again remedial teaching which had been dropped because of the lack of suitable premises.

'Sources of referrals show little difference from other years apart from a considerable increase in those referred by the children's officer. This increase is because we have been trying to give a diagnostic assessment on most "long stay" children admitted to the Gloucester Road Reception Centre. One session a month is devoted to this and is followed by a case conference with the children's department staff. Similarly, the relative proportion of behaviour problems and nervous symptoms shows little change. The age group of children show a much greater number of referrals at secondary school age. There has been an increase of twenty-two children at secondary modern schools and thirteen at grammar schools. This is significant as the school population "bulge" has only just begun to pass into secondary schools. There has been no corresponding decrease in numbers referred from junior schools, and there is an increase of fourteen at infant schools.

'All members of the child guidance team visit Penwithen Hostel and the psychiatric social worker visits the parents of these children and those who are placed residentially elsewhere in order to help the readjustment in home attitudes in preparation for the child's return home. Shortage of psychiatric social worker time has also been felt here and we are not able to do as much as we should like in this way.

'Throughout the year, the child guidance team have had excellent co-operation from the school medical officers, general practitioners and social workers in all aspects of the work and this has greatly added to the success of the work done.'

Statistics

Total number of children seen during 1956 ..	549
Children carried forward from 1955 ..	321
New cases seen during 1956	228
Children awaiting investigation on 31.12.56	18
Cases closed during 1956	204
Total number of children under observation or treatment on 31.12.56	345

Analysis of new cases investigated during 1956

Sources of referral of new cases:

School Medical Officers	58
General Practitioners and Hospitals ..	61
Education Officer and Head Teacher ..	41
Children's Officer	49
Probation Officer	3
Other Sources	16

Problems for which children were referred:

Bahaviour problems	90
Nervous symptoms	39
Educational problems	23
Enuresis	16
Speech problems	1
Special advice	50
Psycho-somatic symptoms	9

Age Groups:

Pre-school age	9
Infant school age	44
Junior school age	77
Secondary school age (Modern)	59
(Grammar)	36
Left school	3

Recommendations made on new cases:

Still under investigation	29
Diagnosis and advice only	89
Superficial treatment	78
Intensive treatment advised	24
Referred to other agencies	4
Left area	1
Residential treatment advised	3

Children under intensive treatment during 1956:

Carried forward from 1955	26
Commenced treatment during 1956 ..	26
Stopped treatment during 1956	28
Carried forward to 1957	24

Analysis of intensive psychiatric treatment:

Cases closed during 1956:

Satisfactory adjustment	18
Improved but not entirely satisfactory ..	4
Admitted to residential schools, hostels or hospitals	3
Unco-operative	2

Analysis of all cases closed during 1956:

Diagnosis and advice only	123
Transferred to other agencies	15
Removed to other area	7
Satisfactory adjustment after C.G. treatment	43
Unco-operative or unsatisfactory response ..	10
Improved but not entirely satisfactory ..	6

Psychiatric Interviews:

Diagnostic	204
Re-examination	194
Treatment	568
Total interviews with children	966
Total interviews with parents and others ..	254
Total interviews by psychiatrist	1,220

Psychiatric Social Worker:

Number of visits made by Psychiatric Social Worker	308
Number of clinic interviews by Psychiatric Social Worker	597
Number of interviews with other officials ..	61
Visits to schools	9

Educational Psychologist:

Number of clinics by Educational Psychologist	148
Number of children interviewed by Educational Psychologist	606

JUVENILE DELIQUENCY

Special reports are provided for the information of the magistrates on school children who are to attend juvenile courts. These reports give details of physical and mental defects found and information regarding important medical and family history. One hundred and fifty-three such reports were issued during 1956. In the case of children who have attended a child guidance clinic or where the magistrates require a psychiatric report, these are provided by the consultant children's psychiatrist.

I would again like to thank the principal probation officer and his staff for their help during the year.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

The youth employment officer is supplied with a special report on every child nearing school leaving age and during 1956 over 3,000 such reports were completed. These reports are particularly useful in placing handicapped children in suitable employment.

The by-laws relating to the employment of children are chiefly concerned with the prohibition of certain employments and the regulation of the hours of employment in allowed occupations. A certificate is issued by the school medical officer in respect of each child to be employed that such employment will not be prejudicial to his health or physical development and will not render him unfit to obtain proper benefit from his education.

SCHOOL HYGIENE

During the year very satisfactory progress was maintained in carrying out works of improved sanitation at schools in the county. Schemes were completed at twenty schools, at seventeen of which the improvements included the provision of waterborne sanitation.

STATISTICAL APPENDIX

Year ended 31st December, 1956.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A.—Periodic Medical Inspections.

P=Poole Area.

S.D.=South Dorset Area.

C=Remainder of County.

Age Groups inspected and Number of Pupils examined in each:—

	P.	S.D.	C.	Totals
First year of compulsory school attendance ..	1,269	738	2,086	4,093
Eight-year old	134	—	—	134
Last year in primary school	1,580	740	2,506	4,826
Last year of compulsory school attendance ..	1,138	557	1,612	3,307
Totals	4,121	2,035	6,204	12,360
Additional Periodic Inspections	—	—	—	—
Grand Totals	4,121	2,035	6,204	12,360

B.—Other Inspections.

	P.	S.D.	C.	Totals
Number of Special Inspections	1,625	2,083	2,445	6,153
Number of Re-inspections	2,326	571	3,881	6,778
Totals	3,951	2,654	6,326	12,931

C.—Pupils found to require treatment

Age Groups Inspected	For defective vision (excluding squint)				For any of the other conditions recorded in Table III				Total Individual pupils			
	P.	S.D.	C.	Totals	P.	S.D.	C.	Totals	P.	S.D.	C.	Totals
First year of compulsory school attendance ..	39	19	26	84	553	101	168	822	461	115	179	755
Eight-year old ..	9	—	—	9	52	—	—	52	49	—	—	49
Last year in primary school	181	44	97	322	743	91	233	1,067	726	133	275	1,134
Last year of compulsory attendance	141	45	81	267	293	35	71	399	363	80	138	581
Totals	370	108	204	682	1,641	227	472	2,340	1,599	328	592	2,519
Additional periodic inspections	—	—	—	—	—	—	—	—	—	—	—	—
Grand Totals	370	108	204	682	1,641	227	472	2,340	1,599	328	592	2,519

D.—Classification of the physical condition of pupils inspected in the age groups recorded in Table I A

Age Groups Inspected				Satisfactory							
				P.		S.D.		C.		Totals	
				No.	%	No.	%	No.	%	No.	%
First year of compulsory school attendance	..			1,229	96·85	721	97·7	2,047	98·13	3,997	97·65
Eight-year old	..	..	..	129	96·27	—	—	—	—	129	96·27
Last year in primary school	..	..	..	1,525	96·52	728	98·4	2,440	97·36	4,693	97·24
Last year of compulsory attendance	..	..	..	1,121	98·51	551	98·9	1,590	98·63	3,262	98·63
Additional periodic inspections	..	..	..	—	—	—	—	—	—	—	—
TOTALS	..			4,004	97·16	2,000	78·3	6,077	97·95	12,081	97·74

Age Groups Inspected				Unsatisfactory							
				P.		S.D.		C.		Totals	
				No.	%	No.	%	No.	%	No.	%
First year of compulsory school attendance	..			40	3·15	17	2·3	39	1·86	96	2·34
Eight-year old	..	..	..	5	3·73	—	—	—	—	5	3·73
Last year in primary school	..	..	..	55	3·48	12	1·6	66	2·63	133	2·75
Last year of compulsory attendance	..	..	..	17	1·49	6	1·1	22	1·36	45	1·36
Additional periodic inspections	..	..	..	—	—	—	—	—	—	—	—
TOTALS	..			117	2·84	35	1·7	127	2·04	279	2·25

TABLE II
Infestation with Vermin

	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals
Total number of individual examinations of pupils in schools by the school nurses of other authorised perions	25,128	22,279	43,421	90,828
Total number of individual pupils found to be infested	101	43	66	210
Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—	—	—	—
Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—	—	—	—

TABLE III

Return of Defects found by Medical Inspection in the year ended 31st December, 1956.

A.—Periodic Inspections

Defect Code No.	Defect or Disease	Periodic Inspections																Totals (including all other age groups inspected)							
		Entrants								Leavers															
		Requiring Treatment				Requiring Observation				Requiring Treatment				Requiring Observation											
		P.	S.D.	C.	Total	P.	S.D.	C.	Total	P.	S.D.	C.	Total	P.	S.D.	C.	Total								
4	Skin ..	30	4	—	34	3	1	14	18	28	4	1	33	—	—	11	11	105	13	3	121	9	3	36	48
5	Eyes (a) Vision (b) Squint (c) Other ..	39 34 8	19 10 1	26 8 3	84 52 12	50 2 9	78 2 —	49 29 7	177 33 16	141 9 8	45 2 —	81 — 2	267 11 10	18 1 3	— — —	63 4 7	81 5 10	370 78 34	108 26 3	204 12 8	682 116 45	104 4 36	102 2 1	247 56 26	453 62 63
6	Ears (a) Hearing (b) Otitis Media (c) Other ..	8 13 27	2 2 7	— 1 —	10 16 34	37 5 32	1 — —	13 7 1	51 12 33	9 1 1	— — —	— — —	9 1 1	8 — 2	— — —	6 — —	14 — 2	26 22 35	3 3 9	— 3 1	29 28 45	54 10 34	1 — —	30 10 1	85 20 35
7	Nose and Throat ..	91	22	11	124	125	7	204	336	22	2	2	26	7	—	13	20	181	32	18	231	206	8	269	483
8	Speech ..	19	1	5	25	60	1	25	86	8	—	—	8	5	—	4	9	40	3	8	51	84	1	42	127
9	Lymphatic Glands ..	6	2	—	8	31	5	21	57	1	—	—	1	2	—	3	5	12	2	1	15	45	5	29	79
10	Heart ..	13	—	—	13	13	1	9	23	3	—	—	3	5	1	4	10	29	—	1	30	35	4	24	63
11	Lungs ..	33	4	1	38	28	6	33	67	15	—	2	17	8	—	6	14	65	4	6	75	56	10	51	117
12	Developmental: (a) Hernia (b) Other ..	7 11	— 10	1 —	8 21	13 10	1 21	4 8	18 39	— 4	1 2	2 —	3 6	1 4	— 2	— 9	1 15	9 19	2 17	3 3	14 39	17 38	1 33	6 24	95
13	Orthopaedic: (a) Posture (b) Feet (c) Other ..	29 100 69	15 17 5	5 32 98	49 149 172	9 13 26	2 3 3	13 37 67	24 53 96	37 62 55	10 8 3	14 9 28	61 79 86	— 2 5	2 — 1	10 8 28	12 10 34	142 410 222	48 41 10	76 93 207	266 544 439	13 23 44	3 5 6	43 74 157	60 102 207
14	Nervous System: (a) Epilepsy (b) Other ..	2 1	1 —	— —	3 1	3 —	— —	1 6	4 6	2 —	— —	— —	2 —	— —	2 1	1 1	3 2	13 3	1 —	— —	14 3	7 5	3 2	9 12	19 19
15	Psychological: (a) Development (b) Stability ..	1 15	— 1	— —	1 16	8 21	7 4	11 3	26 28	1 2	— —	— —	1 2	1 3	1 1	3 2	5 6	4 36	3 3	2 1	9 40	20 41	10 7	21 15	51 63
16	Abdomen ..	6	—	1	7	7	1	4	12	1	1	—	2	1	—	2	3	18	1	3	22	13	1	11	25
17	Other ..	30	4	2	36	9	3	32	44	24	—	11	35	6	—	27	33	138	5	23	166	31	9	113	153

B.—*Special Inspections*

Defect Code No.	Defect or Disease	Special Inspections							
		Requiring Treatment				Requiring Observation			
		P.	S.D.	C.	Totals	P.	S.D.	C.	Totals
4	Skin	46	110	2	158	9	—	—	9
5	Eyes (a) Vision ..	110	43	233	386	20	6	101	127
	(b) Squint ..	3	—	9	12	—	—	12	12
	(c) Other ..	111	25	9	145	4	—	12	16
6	Ears (a) Hearing ..	11	2	10	23	4	—	3	7
	(b) Otitis Media ..	—	1	—	1	—	—	—	—
	(c) Other ..	36	12	2	50	2	—	1	3
7	Nose and Throat ..	46	9	28	83	9	1	7	17
8	Speech	238	3	15	256	218	—	8	226
9	Lymphatic Glands ..	6	—	—	6	2	—	—	2
10	Heart	1	—	2	3	1	1	3	5
11	Lungs	—	1	7	8	—	—	3	3
12	Developmental:—								
	(a) Hernia ..	—	—	1	1	—	—	—	—
	(b) Other ..	2	—	140	142	—	4	1	5
13	Orthopaedic:—								
	(a) Posture ..	11	9	47	67	12	—	13	25
	(b) Feet ..	13	17	48	78	—	—	5	5
	(c) Other ..	90	24	123	237	15	1	30	46
14	Nervous System:—								
	(a) Epilepsy ..	1	1	—	2	1	—	—	1
	(b) Other ..	4	—	—	4	1	—	—	1
15	Psychological:—								
	(a) Development ..	41	8	—	49	33	2	—	35
	(b) Stability ..	15	2	8	25	1	1	—	2
16	Abdomen	—	3	1	4	—	1	2	3
17	Other	238	782	74	1,094	65	—	33	98

TABLE IV
TREATMENT OF PUPILS

GROUP I

Eye Disease, Defective Vision and Squint

	Number of cases known to have been dealt with							
	By the Authority				Otherwise			
	P.	S.D.	C.	Totals	P.	S.D.	C.	Totals
External and other, excluding errors of refraction and squint	111	26	—	137	29	2	—	31
Errors of refraction (including squint)	—	—	—	—	1,420	261	929	2,610
Totals	111	26	—	137	1,449	263	929	2,641
Number of pupils for whom spectacles were prescribed	—	—	—	—	710	168	572	1,450

GROUP II

Diseases and defects of Ear, Nose and Throat

	<i>Number of cases known to have been treated</i>							
	<i>By the Authority</i>				<i>Otherwise</i>			
	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals
Received operative treatment:—								
(a) for diseases of the ear	—	—	—	—	14	21	1	36
(b) for adenoids and chronic tonsillitis ..	—	—	—	—	348	216	356	920
(c) for other nose and throat conditions ..	—	—	—	—	14	32	—	46
Received other forms of treatment	26	13	—	39	1	—	3	4
Totals	26	13	—	39	377	269	360	1,006
Total number of pupils in schools who are known to have been provided with hearing aids:—								
(a) in 1956	—	—	—	—	—	5	2	7
(b) in previous years	—	—	—	—	1	3	11	15

GROUP III

Orthopaedic and Postural Defects

	<i>By the Authority</i>				<i>Otherwise</i>			
	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals
Number of pupils known to have been treated at clinics or out-patient departments	90	—	—	90	381	2	188	571
Number of pupils who received remedial exercises in school	803	399	1,313	2,515	—	—	—	—

GROUP IV

Diseases of the Skin (excluding uncleanness for which see Table II)

					<i>Number of cases treated or under treatment during the year by the Authority</i>			
					<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals
Ringworm (i) Scalp					2	—	—	2
(ii) Body					—	2	—	2
Scabies					—	—	—	—
Impetigo					10	26	—	36
Other skin diseases					33	63	—	96
Totals					45	91	—	136

GROUP V

Child Guidance Treatment

	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals
Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	180	105	264	549

GROUP VI

Speech Therapy

	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals
Number of pupils treated by Speech Therapists under arrangements made by the Authority	70	68	155	293

GROUP VII

Other Treatment Given

	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals
(a) Number of cases of miscellaneous minor ailments treated by the Authority ..	556	818	—	1,374
(b) Pupils who received convalescent treatment under School Health Service arrangements	—	—	—	—
(c) Pupils who received B.C.G. vaccination	1,328	—	1,314	2,642
(d) Other than (a), (b) and (c) above (specify):— Pupils who received lip reading instruction	6	1	4	11
Totals	1,890	819	1,318	4,027

TABLE V
Dental Inspection and Treatment carried out by the Authority

						P.	S.D.	C.	Totals
(1)	Number of pupils inspected by the Authority's Dental Officers:—								
	(a)	At Periodic Inspections	..	..	..	3,920	1,984	10,344	16,248
	(b)	As Specials	..	..	..	689	1,950	308	2,947
	Total (1)					4,609	3,934	10,652	19,195
(2)	Number found to require treatment					3,490	3,103	8,033	14,626
(3)	Number offered treatment					2,939	2,914	6,912	12,765
(4)	Number actually treated					2,214	2,399	4,006	8,619
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11 (h)					7,059	4,828	10,748	22,635
(6)	Half days devoted to: Periodic (School)								
	Inspection	..	..	..	..	39	14	104	157
	Treatment	..	..	..	..	1,039	712	2,136	3,887
	Total (6)					1,078	726	2,240	4,044
(7)	Fillings: Permanent Teeth					3,857	1,646	7,183	12,686
	Temporary Teeth					86	579	616	1,281
	Total (7)					3,943	2,225	7,799	13,967
(8)	Number of teeth filled: Permanent Teeth					3,342	1,541	6,589	11,472
	Temporary Teeth					85	576	591	1,252
	Total (8)					3,427	2,117	7,180	12,724
(9)	Extractions: Permanent Teeth					1,050	467	1,434	2,951
	Temporary Teeth					2,529	1,201	3,321	7,051
	Total (9)					3,579	1,668	4,755	10,002
(10)	Administration of general anaesthetics for extraction					1,868	1,046	1,575	4,489
(11)	Orthodontics:—								
	(a)	Cases commenced during the year	..	..	..	48	3	30	81
	(b)	Cases carried forward from previous year	..	..	..	18	25	21	64
	(c)	Cases completed during the year	..	..	..	34	4	4	42
	(d)	Cases discontinued during the year	..	..	..	—	—	3	3
	(e)	Pupils treated with appliances	..	..	..	4	5	29	38
	(f)	Removable appliances fitted	..	..	..	7	15	47	69
	(g)	Fixed appliances fitted	..	..	..	—	—	2	2
	(h)	Total attendances	..	..	..	132	75	303	510
(12)	Number of pupils supplied with artificial dentures					10	5	46	61
(13)	Other operations: Permanent teeth					663	2,214	2,001	4,878
	Temporary teeth					169	—	583	752
	Total (13)					832	2,214	2,584	5,630

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